From: olympia plaza <olympiarx@yahoo.com>
Sent: Thur 10/1/2020 1:41:09 AM (UTC)

To: Jonathan Nicholls <jonathann@safechain.com>

Cc: olympia plaza <olympiarx@yahoo.com>, Josh Thorburn Rx Pharmacist

<joshuathorburn@hotmail.com>, Accounting <accounting@safechain.com>, Abbie Divilio <abbied@safechain.com>, Pat Boyd <patb@safechain.com>

Subject:Olympia plaza Pharmacy product returnAttachment:2020-9-11\_INV.01I32805066726.pdfAttachment:Safe Chain Order Pedigree Sept 2020.pdf

**Attachment:** Safe Chain order return 9-2020.xlsx

Hello:

As per our agreement, please see the attached list of the product set out for return. Apologies for the delay, we have been short staffed.

8 Descovy have been used. The lot numbers are 7 x LOT 021088 and 1 x LOT 6425304A.

Please issue the RMA and email to us alone with the shipping label.

Note: Invoice 01I32805 is incorrect: Should be \$3,227.14, not \$3,277.14, please correct and send us an updated invoice with the correct amount.

Once you received and process the return, pleas send us an updated credit, reflecting credit for the returned merchandise.

Question: could you obtain Juluca (10 per month) and Dovato (5per month) from your vendors?

Please let me know.

Respectfully,

Emil Borokhovich, RN-C, MSN, FNP Pharmacy Manager

Please click here to visit our Gift Shop for exciting selection of ecclectic gifts for all occasions:

https://olympiagifts.com/

GOVERNMENT EXHIBIT 179 1:24-cr-20255-WPD Olympia Plaza Pharmacy 5901 W. Olympic Blvd Suite 103 Los Angeles, CA 90036 www.OlympiaPlazaRx.com

(323) 937-2590 phone (323) 937-0259 fax (213) 804-5678 mobile

Confidentiality Note: The information and/or documents contained in this e-mail may contain information that is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named in the address field. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, forwarding or the taking of any action in reliance on the contents of this electronic information is strictly prohibited, and that the documents shall be returned to the sender at this company immediately. In this regard, if you have received this electronic transmission in error, please notify us by telephone (323-937-2590)or return e-mail immediately and permanently delete this message in all your mailbox as well.



### \$:24-cr-20255-WPD Document 231-24 Entered on FLSD Docket 11/07/2025 Name Bent

**Remit To:** 

Safe Chain Solutions, LLC PO Box 479 Souderton, PA 18964

www.safechain.com accounting@safechain.com

01132805

Page: 1

SAFE CHAIN SOLUTIONS, LLC 822 CHESAPEAKE DRIVE CAMBRIDGE, MD 21613

Tel: 855-437-5727 Fax: 866-930-1128 RS0477617 Tel: 855-437-5727 Fax: 855-614-4118

Bill-to:09-CA0141

OLYMPIA PLAZA PHARMACY INC 5901 W OLYMPIC BLVD STE 103 ATTN: ACCTS PAYABLE

ATTN: ACCTS PAYABLE LOS ANGELES CA 90036

Ship-to PHAR 001

OLYMPIA PLAZA PHARMACY INC
5901 W OLYMPIC BLVD STE 103

ATTN: PHARMACIST LOS ANGELES CA 90036

Invoice Date	):	09/11/20	Salesman:	Jon Nichols
Ship Date:		09/11/20	Ship Via:	UPS NEXT DAY SAVER
Our Order N	o:	01s30135001	Customer Orde	er#: None
			Terms:	NET 30
License		PHY48416 Exp: 04/01/	21	LicExp:04/01/21
Special Instructions		EE NDAS ADD CANDY		

Line	Item Number / Description	Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
1	G61958-1201-01 STRIBILD TAB 30CT 150/150/200/300 MG NDC#: 61958-1201-01 Prod Strength: 150-150-200-30 Prod Size: 30 EA	1 )0 MG	EΑ		EΑ	0	3277.14	* EA	3,277.14
	Lot #: 016341 Expiration Date: 08/31/21			1					
	SUB TOTAL								3,277.14
	INVOICE TOTAL								\$3,277.14
	CARTON TRACKING NUMBERS: CTN#1 1Z7156792990029383 Additional License Information State License for MD - Origin D03211 Exp 05/31/21 State License for CA - Destinat PHY48416 Exp 04/01/21  PLEASE NOTE OUR NEW REMIT TO AD	ion							

Cartons:1 Weight:0.4 \* Non-Taxable

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Quantity

DESCOVY TAB 30CT,

200/25MG NDC: 61958-2002-01

Lot Number

021088

Reference Number:

01132431

Document Type:

Invoice

Unique Serial#

851039

Usea ---17 60A125 Reference Date:

09/04/20

10

#### (TH) Transaction History

Manufacturer's Name:

**GILEAD SCIENCES** 

Manufacturer's information: 1800 WHEELER AVE LA VERNE, CA 91750

SOLD TO:

Name: **DROGUERIA BETANCES** Address: LUIS MUNOZ MARIN AVE

CAGUAS PR 00725

Date Purchased & Ref: 7/24/20

SHIPPED TO:

DROGUERIA BETANCES Name: Address: LUIS MUNOZ MARIN AVE

CAGUAS PR 00725

114185 Date Received & Ref: 7/24/20 114185

SOLD TO:

Name: **GENTEK LLC** 

Address: 45 CEDAR ST UNIT 3

STAMFORD CT 06902

Date Purchased & Ref: 08/03/20 SHIPPED TO:

**GENTEK LLC** Name:

Address: 45 CEDAR ST UNIT 3

STAMFORD CT 06902

851039 Date Received & Ref: 8/3/20

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 08/07/20 PO#01209221 SHIPPED TO:

SAFE CHAIN SOLUTIONS Name:

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

08/12/20 RC#013601 Date Received & Ref :

SOLD TO:

OLYMPIA PLAZA PHARMACY INC Name: Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036

01S30114001 09/04/20 Date Purchased & Ref :

SHIPPED TO:

OLYMPIA PLAZA PHARMACY INC Name:

Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036

09/04/20 01S30114001 Date Received & Ref :

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 1

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

DESCOVY TAB 30CT.

200/25MG NDC: 61958-2002-01 Reference Number: **Document Type:** 

01132431 Invoice

Reference Date:

09/04/20

Lot Number Unique Serial # Quantity 1 60 H/2 (Lel 6425304A 13

Refurning 12 boffles

#### (TH) Transaction History

Manufacturer's Name:

**GILEAD SCIENCES** 

Manufacturer's information: 1800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO:

Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE

CAGUAS PR 00725

SHIPPED TO:

SHIPPED TO:

**DROGUERIA BETANCES** Name: Address: LUIS MUNOZ MARIN AVE

CAGUAS PR 00725

Date Received & Ref: 7/24/20 114185 Date Purchased & Ref: 7/24/20 114185

SOLD TO:

Name: **GENTEK LLC** 

Address: 45 CEDAR ST UNIT 3

STAMFORD CT 06902

Date Purchased & Ref: 08/03/20

**GENTEK LLC** Name:

Address: 45 CEDAR ST UNIT 3

STAMFORD CT 06902

851039 Date Received & Ref: 8/3/20

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

PO#01209222 08/07/20 Date Purchased & Ref:

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name:

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

RC#013661 Date Received & Ref: 08/17/20

SOLD TO:

**OLYMPIA PLAZA PHARMACY INC** Name:

Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036

01S30114001 09/04/20

851039

SHIPPED TO:

OLYMPIA PLAZA PHARMACY INC Name:

Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036

01S30114001 Date Received & Ref: 09/04/20

SOLD TO:

Name:

Address:

Date Purchased & Ref:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

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(G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

DESCOVY TAB 30CT,

200/25MG

NDC: 61958-2002-01

Lot Number	Quantity	Unique Serial #
021086	1 4	
021087	6 🗸	
021596	13 √	

Reference Number:

01132431

Invoice

Document Type: Reference Date:

09/04/20

851039

#### (TH) Transaction History

Manufacturer's Name:

**GILEAD SCIENCES** 

Manufacturer's information: 1800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO:

DROGUERIA BETANCES Name: Address: LUIS MUNOZ MARIN AVE

CAGUAS PR 00725

Date Purchased & Ref: 7/24/20

SHIPPED TO:

DROGUERIA BETANCES Name: Address: LUIS MUNOZ MARIN AVE

CAGUAS PR 00725

114185 Date Received & Ref: 7/24/20

SOLD TO:

Name: **GENTEK LLC** 

Address: 45 CEDAR ST UNIT 3

STAMFORD CT 06902

Date Purchased & Ref:

08/03/20

851039

114185

SHIPPED TO:

**GENTEK LLC** Name:

Address: 45 CEDAR ST UNIT 3

STAMFORD CT 06902

Date Received & Ref: 8/3/20

SOLD TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref :

PO#01209222 08/07/20

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name:

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

RC#013661 08/17/20 Date Received & Ref:

SOLD TO:

OLYMPIA PLAZA PHARMACY INC Name: Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036

Date Purchased & Ref :

09/04/20

01S30114001

SHIPPED TO:

OLYMPIA PLAZA PHARMACY INC Name:

Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036

01S30114001 Date Received & Ref: 09/04/20

SOLD TO:

Name: Address:

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

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(G) did not knowingly alter the transaction history.

Page: 1 of 2

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**GENVOYA TAB 30CT** 

NDC: 61958-1901-01

Unique Serial # Quantity Lot Number 19GV020UA

Reference Number:

01|32431

Document Type:

INVOICE

Reference Date:

09/01/2020

#### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 WHEELER AVE LA VERNE, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Purchased & Ref: 07/10/20 SHIPPED TO:

Name:

**Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Received & Ref: 07/10/20

SOLD TO:

Name: **StainRx** 

Address: 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref:

07/21/20

PO#1SN3478

PO#160052

SHIPPED TO:

StainRx Name:

807 Stanley Ave

Brooklyn, NY 11207

Date Received & Ref:

07/21/20

**SOLD TO:** 

Name: **BNR Wholesaler** 

Address: 3858 Nostrand Ave Brooklyn, NY 11235

Name: Address:

SHIPPED TO:

Address:

**BNR Wholesaler** 

3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref:

07/30/20 PO#01A2752 Date Received & Ref:

07/30/20

SOLD TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Purchased & Ref:

08/04/20

PO#01209134

Date Received & Ref:

08/04/20

SOLD TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

**822 CHESAPEAKE DR CAMBRIDGE MD 21613** 

Date Purchased & Ref:

09/01/20

PO#9255

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Received & Ref:

09/01/20

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

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(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

of 2 Page: 1

#### (TI) Transaction Information

Drug Name, Strengt	th, Dosage Form,	Container Size:		
GENVOYA TAB 30	СТ		Reference Number:	01 32431
NDC: 61958-1901-01			Document Type:	INVOICE
Lot Number	Quantity	Unique Serial #	Reference Date:	09/01/2020
19GV020UA	1			

#### (TH) Transaction History (Cont.)

SOLD TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref: 9/4/20 01s30114001	SHIPPED TO:  Name: OLYMPIA PLAZA PHARMACY INC  Address: 5901 W OLYMPIC BLVD STE 103  LOS ANGELES CA 90036  Date Received & Ref: 9/4/20 01530114001
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

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(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

of 2 pages. Page: 2

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**GENVOYA TAB 30CT** 

NDC: 61958-1901-01 Unique Serial # Quantity Lot Number 020717 1

01132431 Reference Number:

INVOICE Document Type:

Reference Date: 09/01/2020

#### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 WHEELER AVE LA VERNE, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Purchased & Ref: 07/09/20 SHIPPED TO:

Name: Address: **Independent Pharmacy Cooperative** 

1550 Columbus Street Sun Prairie, WI 53590

Date Received & Ref: 07/09/20

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

**BNR Wholesaler** 

3858 Nostrand Ave

Brooklyn, NY 11235

07/29/20

SHIPPED TO:

Name: Address: StainRx 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref:

PO#1SN3492

PO#160048

PO#01A2759

Date Received & Ref:

SHIPPED TO: **BNR Wholesaler** 

Name: Address:

3858 Nostrand Ave Brooklyn, NY 11235

Date Received & Ref:

08/03/20

07/29/20

SOLD TO:

SOLD TO:

Name:

Address:

Name:

**BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Purchased & Ref:

Date Purchased & Ref:

Date Purchased & Ref:

08/05/20 PO#01209165

08/03/20

Date Received & Ref:

SOLD TO:

SAFE CHAIN SOLUTIONS, LLC

Name: Address:

**822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

PO#9255 09/01/20

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

08/05/20

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Received & Ref:

09/01/20

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

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(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 2

#### (TI) Transaction Information

Drug Name, Stren	gth, Dosage Form,	Container Size:			
GENVOYA TAB 3	0CT		Reference Number:	01 32431	
			Document Type:	INVOICE	
NDC: 61958-1901-01	1				
Lot Number	Quantity	Unique Serial #	Reference Date:	09/01/2020	
020717	1				

#### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC	Name: OLYMPIA PLAZA PHARMACY INC
Address: 5901 W OLYMPIC BLVD STE 103	Address: 5901 W OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 9/4/20 01\$30114001	Date Received & Ref : 9/4/20 01\$30114001
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
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- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**GENVOYA TAB 30CT** 

NDC: 61958-1901-01

Unique Serial # Quantity Lot Number 24 **CCXCVA** 

Reference Number:

01132431

Document Type:

INVOICE

Reference Date:

09/01/2020

#### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 WHEELER AVE LA VERNE, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Purchased & Ref: 07/17/20 PO#160079 SHIPPED TO:

Name: Address: Independent Pharmacy Cooperative

1550 Columbus Street

Sun Prairie, WI 53590

Date Received & Ref: 07/17/20

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

SHIPPED TO:

StainRx Name:

807 Stanley Ave Address:

Brooklyn, NY 11207

**BNR Wholesaler** 

07/24/20 Date Purchased & Ref: 07/24/20 PO#1SN3485 Date Received & Ref:

SOLD TO:

Name: Address:

**BNR Wholesaler** 3858 Nostrand Ave

Brooklyn, NY 11235

Address: 3858 Nostrand Ave Brooklyn, NY 11235

SHIPPED TO:

Name:

Date Received & Ref : 08/04/20 Date Purchased & Ref: 08/04/20 PO#01A2763

SOLD TO:

Name: Address:

**BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Purchased & Ref:

PO#01209190

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Received & Ref: 08/06/20

SOLD TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

08/06/20

Address:

**822 CHESAPEAKE DR CAMBRIDGE MD 21613** 

Date Purchased & Ref: 09/01/20

PO#9255

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

**822 CHESAPEAKE DR CAMBRIDGE MD 21613** 

Date Received & Ref:

09/01/20

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(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1

of 2

#### (TI) Transaction Information

Drug Name, Stren	gth, Dosage Form,	Container Size:			
GENVOYA TAB 3	ОСТ		Reference Number:	01132431	
			Document Type:	INVOICE	
NDC: 61958-1901-0			•		
Lot Number	Quantity	Unique Serial #	Reference Date:	09/01/2020	
CCXCVA	11				

#### (TH) Transaction History

SOLD TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103	SHIPPED TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103
LOS ANGELES CA 90036  Date Purchased & Ref : 9/4/20 01830114001	LOS ANGELES CA 90036  Date Received & Ref : 9/4/20 01830114001
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**GENVOYA TAB 30CT** 

NDC: 61958-1901-01

Quantity Unique Serial # Lot Number 19GV022UA

Reference Number:

01132431

Document Type:

INVOICE

Reference Date:

09/01/2020

#### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 WHEELER AVE LA VERNE, CA 91750

SOLD TO:

Name: Independent Pharmacy Cooperative

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Purchased & Ref: 07/23/20 PO#160098 SHIPPED TO:

Name: Address: **Independent Pharmacy Cooperative** 

1550 Columbus Street

Sun Prairie, WI 53590

Date Received & Ref: 07/23/20

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref:

07/28/20

PO#1SN3490

SHIPPED TO:

StainRy Name:

807 Stanley Ave Address:

Brooklyn, NY 11207

07/28/20 Date Received & Ref:

SOLD TO:

Name: Address:

**BNR Wholesaler** 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref:

08/03/20

PO#01A2759

SHIPPED TO:

Name: Address: **BNR Wholesaler** 

3858 Nostrand Ave Brooklyn, NY 11235

Date Received & Ref:

08/03/20

SOLD TO:

Name: Address:

**BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

08/06/20

PO#01209190

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Received & Ref:

08/06/20

SOLD TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref:

Date Purchased & Ref:

09/01/20

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

822 CHESAPEAKE DR **CAMBRIDGE MD 21613** 

Date Received & Ref:

09/01/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

PO#9255

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1

of 2

#### (TI) Transaction Information

Drug Name, Streng GENVOYA TAB 30	•	Container Size:	Reference Number:	01 32431 INVOICE	
NDC: 61958-1901-01			Document Type:	HAOICE	
Lot Number	Quantity	Unique Serial#	Reference Date:	09/01/2020	
19GV022UA	1				

#### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC	Name: OLYMPIA PLAZA PHARMACY INC
Address: 5901 W OLYMPIC BLVD STE 103	Address: 5901 W OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 9/4/20 01\$30114001	Date Received & Ref : 9/4/20 01\$30114001
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 2

of 2

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ATRIPLA TAB 30CT

NDC: 15584-0101-01

Unique Serial# Quantity Lot Number Table 1 015850

Reference Number:

01132431

Document Type:

INVOICE

Reference Date:

07/31/2020

#### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

SHIPPED TO:

**Independent Pharmacy Cooperative** Name:

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Received & Ref: 05/11/20 Date Purchased & Ref: 05/01/20 PO#159632

SOLD TO:

Name: **LMP Pharmacy** 

Address: 7535 Main Str

Flushing, NY 11367

Date Purchased & Ref:

PO#5248 05/26/20

SHIPPED TO:

LMP Pharmacy Name: 7535 Main Str Address:

Flushing, NY 11367

05/26/20 Date Received & Ref:

SOLD TO:

Name: BNR Wholesaler

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref:

SHIPPED TO:

Name: **BNR Wholesaler** 

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

06/05/20 06/05/20 Date Received & Ref : PO#01A2608

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Purchased & Ref: 06/10/20 SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Received & Ref: 06/24/20 PO#01208543

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: PO#9134 07/31/20

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Received & Ref:

07/31/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 2 pages.

#### (TI) Transaction Information

Drug Name, Strei ATRIPLA TAB 3	ngth, Dosage Form, OCT	Container Size:	Reference Number:	01 32431	
NDC: 15584-0101-0	01		Document Type:	INVOICE	
Lot Number	Quantity	Unique Serial#	Reference Date:	07/31/2020	
015850	1				

#### (TH) Transaction History (Cont.)

SOLD TO: Name: OI YMPIA PLAZA PHARMACY INC	SHIPPED TO: Name: OLYMPIA PLAZA PHARMACY INC
Address: 5901 W OLYMPIC BLVD STE 103  LOS ANGELES CA 90036	Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036
Date Purchased & Ref : 09/04/20 01530114001	Date Received & Ref : 09/04/20 01830114001
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref : 06/05/20 PO#01A2608	Date Received & Ref : 06/05/20
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
	Data Bassivad <sup>9</sup> Bof :
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ATRIPLA TAB 30CT

NDC: 15584-0101-01

Lot Number Quantity Unique Serial # 1 016666

Reference Number:

01132431

Document Type:

INVOICE

Reference Date:

07/29/2020

#### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

Address:

1550 Columbus Street

05/05/20

Sun Prairie, WI 53590

SHIPPED TO:

Name: Address: **Independent Pharmacy Cooperative** 

1550 Columbus Street Sun Prairie, WI 53590

Date Received & Ref:

05/08/20

SOLD TO:

Name: **LMP Pharmacy** Address:

7535 Main Str

Flushing, NY 11367

Date Purchased & Ref:

SHIPPED TO:

Name: Address: LMP Pharmacy 7535 Main Str

Flushing, NY 11367

Date Purchased & Ref:

PO#5254 05/29/20

PO#159649

Date Received & Ref:

05/29/20

SOLD TO:

Name: BNR Wholesaler

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref:

Date Purchased & Ref:

SHIPPED TO: Name:

Address:

**BNR Wholesaler** 3858 Nostrand Ave

Brooklyn, NY 11235

Date Received & Ref:

06/02/20

SOLD TO:

Name: Address: **BOULEVARD 9229 LLC** 

9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

06/10/20

06/02/20

PO#01208593

PO#01A2597

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Received & Ref:

06/26/20

SOLD TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

**822 CHESAPEAKE DR CAMBRIDGE MD 21613** 

Date Purchased & Ref:

07/29/20 PO#9125 SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

**822 CHESAPEAKE DR CAMBRIDGE MD 21613** 

Date Received & Ref :

07/29/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 1

#### (TI) Transaction Information

Drug Name, Strer ATRIPLA TAB 3 NDC: 15584-0101-0		Container Size:	Reference Number: Document Type:	01 32431 INVOICE	
Lot Number	Quantity	Unique Serial#	Reference Date:	07/29/2020	
016666	1				

#### (TH) Transaction History (Cont.)

SOLD TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036	SHIPPED TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036
Date Purchased & Ref : 09/04/20 01830114001	Date Received & Ref : 09/04/20 01\$30114001
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ATRIPLA TAB 30CT, 600; 200; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE, PLAST 01132431

Reference Number:

Invoice

NDC: 15584-0101-01

Quantity Unique Serial # 1

Document Type: Reference Date:

09/04/20

Lot Number 016332

(TH) Transaction History

Manufacturer's Name:

**GILEAD SCIENCES** 

Manufacturer's information: 1800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1500 COLUMBUS STREET

SUN PRAIRIE, WI 53590

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE Name:

Address: 1500 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 5/6/20 Date Purchased & Ref: 5/6/20 PO#159652

PO#159652

SOLD TO:

Name: **STAINRX** 

Address: 807 STANLEY AVENUE

**BROOKLYN, NY 11207** 

Date Purchased & Ref: 5/18/20

PO#1SN3315

SHIPPED TO:

**STAINRX** Name:

Address: 807 STANLEY AVENUE

**BROOKLYN, NY 11207** 

PO#1SN3315 Date Purchased & Ref: 5/18/20

SOLD TO:

Name: **BNR WHOLESALER** 

Address: 3858 NOSTRAND AVENUE

**BROOKLYN, NY 11235** 

Date Purchased & Ref:

05/22/20

PO#01A2566

SHIPPED TO:

**BNR WHOLESALER** Name:

Address: 3858 NOSTRAND AVENUE

BROOKLYN, NY 11235

Date Purchased & Ref: 05/22/20 01S30114001

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD

REGO PARK NY 11374 Date Purchased & Ref: 5/27/20

PO#01208268

SHIPPED TO:

**BOULEVARD 9229 LLC** Name:

Address: 9229 QUEENS BLVD

**REGO PARK NY 11374** 

Date Purchased & Ref: 06/08/20

PO#01208268

SOLD TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** Date Purchased & Ref :

07/31/20

PO#01209513

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Received & Ref :

07/31/20

RC#013890

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

of 1 Page: 1

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ATRIPLA TAB 30CT, 600; 200; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE, PLAST

Reference Number: 01l32431

NDC: 15584-0101-01 Document Type: Invoice

Lot Number Quantity Unique Serial # Reference Date: 09/04/20

Lot Number Quantity Unique Serial # Reference Date:

016332 1

#### (TH) Transaction History (Continued)

SOLD TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103	SHIPPED TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103
LOS ANGELES CA 90036  Date Purchased & Ref: 09/04/20 01S30114001	LOS ANGELES CA 90036  Date Received & Ref: 09/04/20 01S30114001
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

STRIBILD TAB 30CT. 150/150/200/300 MG NDC: 61958-1201-01

Lot Number	Quantity	Unique Serial #
016341	1 🗸	

Reference Number:

**Document Type:** 

01132805

Invoice

09/11/20 Reference Date:

#### (TH) Transaction History

Manufacturer's Name:

**GILEAD SCIENCES, INC** 

Manufacturer's information: 1800 WHEELER AVENUE LA VERNA, CA 91750

SOLD TO:

Name: **DROGUERIA BETANCES** Address: LUIS MUNOZ MARIN AVE

CAGUAS PR 00725

114221 Date Purchased & Ref: 09/1/20

SHIPPED TO:

**DROGUERIA BETANCES** Name: Address: LUIS MUNOZ MARIN AVE

CAGUAS PR 00725

Date Received & Ref: 09/1/20 114221

SOLD TO:

Name: **GENTEK LLC** 

Address: 45 CEDAR ST UNIT 3

STAMFORD CT 06902

09/04/20

Date Purchased & Ref:

85115

SHIPPED TO:

**GENTEK LLC** Name:

Address: 45 CEDAR ST UNIT 3

STAMFORD CT 06902

85115 Date Received & Ref: 09/04/20

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 09/10/20

PO#01209685

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

09/10/20 RC#014110 Date Received & Ref:

SOLD TO:

OLYMPIA PLAZA PHARMACY INC Name: Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036

Date Purchased & Ref:

01S30135001 09/11/20

SHIPPED TO:

OLYMPIA PLAZA PHARMACY INC Name:

Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036

01S30135001 Date Received & Ref : 09/11/20

SOLD TO:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Received & Ref: Date Purchased & Ref:

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

2

TRIUMEQ , 600: 50: 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE

PG9F

Reference Number:

01132561

NDC: 49702-0231-13

Document Type:

INVOICE

Unique Serial # Lot Number Quantity

PL3D 2 VW6H 1 Reference Date:

09/08/2020

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO:

Independent Pharmacy Cooperative

Name: Address:

1550 Columbus Street

Sun Prairie, WI 53590

SHIPPED TO:

Name:

Independent Pharmacy Cooperative

07/22/20

Address:

1550 Columbus Street Sun Prairie, WI 53590

Date Received & Ref: Date Purchased & Ref: 07/22/20 PO#160092

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

SHIPPED TO:

Name:

StainRx 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref: PO#1SN3515 08/12/20 08/12/20 Date Received & Ref:

SOLD TO:

Name: Address:

**BNR Wholesaler** 

3858 Nostrand Ave Brooklyn, NY 11235

SHIPPED TO:

Name: Address:

Address:

BNR Wholesaler

3858 Nostrand Ave

Brooklyn, NY 11235

Date Received & Ref: Date Purchased & Ref: 08/24/20 PO#01A2820

SOLD TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Purchased & Ref:

PO#01209608

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 

9229 QUEENS BLVD STE 11

08/24/20

REGO PARK, NY 11374

Date Received & Ref:

09/02/20

SOLD TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref:

09/08/20

09/02/20

PO#9268

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

**822 CHESAPEAKE DR CAMBRIDGE MD 21613** 

Date Received & Ref:

09/08/20

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1

of 2

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE

Reference Number:

01|32561

NDC: 49702-0231-13

Document Type:

INVOICE

Lot Number Quantity Unique Serial #
PL3D 2
VW6H 1
PG9F 2

Reference Date: \_\_\_

09/08/2020

#### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 09/08/20 01\$29942002	Date Received & Ref : 09/08/20 01S29942002
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE

KD2R

X46V

Reference Number:

01132561

NDC: 49702-0231-13

Document Type:

INVOICE

Lot Number

Quantity Unique Serial # 1 1

Reference Date:

09/08/2020

1 V59A

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

07/29/20

SHIPPED TO:

**Independent Pharmacy Cooperative** Name:

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Received & Ref: 07/29/20 Date Purchased & Ref: PO#160125

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

SHIPPED TO:

Name: StainRx

807 Stanley Ave Address:

Brooklyn, NY 11207

Date Purchased & Ref: 08/10/20 PO#1SN3510 08/10/20 Date Received & Ref:

SOLD TO:

Name: **BNR Wholesaler** 

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref:

SHIPPED TO:

Name:

**BNR Wholesaler** 

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Received & Ref : 08/21/20 08/21/20 PO#01A2802

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 

9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Received & Ref: Date Purchased & Ref: 09/02/20 09/02/20 PO#01209608

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

**822 CHESAPEAKE DR** Address:

Date Purchased & Ref:

**CAMBRIDGE MD 21613** 

PO#9268 09/08/20

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

822 CHESAPEAKE DR **CAMBRIDGE MD 21613** 

Date Received & Ref:

09/08/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

of 2 Page: 1 pages.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE

Reference Number:

01132561

NDC: 49702-0231-13

Document Type:

INVOICE

 Lot Number
 Quantity
 Unique Serial #

 KD2R
 1

 X46V
 1

 V59A
 1

Reference Date: 09/08/2020

#### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W
Address: OLYMPIC BLVD STE 103  LOS ANGELES CA 90036	Address: OLYMPIC BLVD STE 103  LOS ANGELES CA 90036
Date Purchased & Ref : 09/08/20 01529942002	Date Received & Ref : 09/08/20 01\$29942002
50.01 distributed (1.01).	
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
D ( D ) k and 0 D-f	
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 2

of 2

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE

Reference Number:

01132561

NDC: 49702-0231-13

Document Type:

INVOICE

Lot Number Unique Serial # Quantity

WE7K 1 SE9Y 1 . Reference Date:

09/08/2020

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

Address:

1550 Columbus Street

Sun Prairie, WI 53590

SHIPPED TO:

SHIPPED TO:

Name:

**Independent Pharmacy Cooperative** 1550 Columbus Street

07/23/20

Address:

Sun Prairie, WI 53590

Date Received & Ref: Date Purchased & Ref: 07/23/20 PO#160098

SOLD TO:

Name: StainRx

807 Stanley Ave

Address:

Brooklyn, NY 11207

Name:

StainRx

807 Stanley Ave Address:

Brooklyn, NY 11207

08/07/20 Date Purchased & Ref: 08/07/20 PO#1SN3508 Date Received & Ref:

SOLD TO:

Name: **BNR Wholesaler** 

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref: 08/25/20 SHIPPED TO:

Name:

**BNR Wholesaler** Brooklyn, NY 11235

Address: 3858 Nostrand Ave

Date Received & Ref: 08/25/20

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address:

9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Received & Ref: 09/02/20 Date Purchased & Ref: 09/02/20 PO#01209608

PO#01A2828

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

822 CHESAPEAKE DR Address:

CAMBRIDGE MD 21613

Date Purchased & Ref: 09/08/20 SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

**822 CHESAPEAKE DR CAMBRIDGE MD 21613** 

Date Received & Ref:

09/08/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

PO#9268

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

of 2 pages. Page: 1

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE

SE9Y

Reference Number:

01132561

NDC: 49702-0231-13

Document Type:

INVOICE

Lot Number Quantity Unique Serial # WE7K 1

1

Reference Date:

09/08/2020

#### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Address: OLYMPIC BLVD STE 103	Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 09/08/20 01\$29942002	Date Received & Ref : 09/08/20 01\$29942002
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
	Data Danitud & Bafe
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ODEFSEY TAB 30CT, 200; 25; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

01132561 Reference Number:

NDC: 61958-2101-01

Document Type:

INVOICE

Lot Number Quantity Unique Serial # 020236 2 2 1 02023\$ \$

Reference Date:

09/08/2020

#### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 WHEELER AVE LA VERNE, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

Address:

1550 Columbus Street

Sun Prairie, WI 53590

08/13/20

SHIPPED TO:

Name: Address: **Independent Pharmacy Cooperative** 

1550 Columbus Street

Sun Prairie, WI 53590

Date Received & Ref: Date Purchased & Ref : 07/24/20 PO#160103

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref:

SHIPPED TO:

SHIPPED TO:

Name: Address:

StainRx 807 Stanley Ave

Brooklyn, NY 11207

Date Received & Ref:

08/13/20

07/24/20

SOLD TO:

Name: Address:

**BNR Wholesaler** 3858 Nostrand Ave

Brooklyn, NY 11235

Name:

Address:

**BNR Wholesaler** 

3858 Nostrand Ave Brooklyn, NY 11235

Date Purchased & Ref: 08/20/20 PO#01A2798

PO#1SN3517

Date Received & Ref:

08/20/20

SOLD TO:

Name: Address: **BOULEVARD 9229 LLC** 

9229 QUEENS BLVD STE 11 REGO PARK, NY 11374

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

**REGO PARK, NY 11374** 

Date Purchased & Ref:

09/02/20

PO#01209608

Date Received & Ref:

09/02/20

SOLD TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref:

09/08/20

PO#9268

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

822 CHESAPEAKE DR **CAMBRIDGE MD 21613** 

Date Received & Ref:

09/08/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1

of 2

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ODEFSEY TAB 30CT, 200; 25; 25 mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32561

NDC: 61958-2101-01

Document Type:

INVOICE

 Lot Number
 Quantity
 Unique Serial #

 020236
 2

 020235
 2

Reference Date: 09/08/2020

#### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/08/20 01529942002	Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref: 09/08/20 01\$29942002
01323342002	Date (1000)1000 (4 (10)).
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA 30CT, 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED

30 TABLET, FILM COATED in 1 BOTTLE

NDC: 59676-0800-30

Reference Number: Document Type:

01132699 INVOICE

Reference Date:

09/10/2020

Lot Number	Quantity	Unique Serial#
20EG062	3	
20GG131	2 🗸	
20AG853X	1 🗸	

#### (TH) Transaction History

Manufacturer's Name: Janssen Pharmaceuticals, Inc.

Manufacturer's information: 1000 U.S. Route 202 South, Raritan, NJ 08869

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Purchased & Ref: 07/29/20 PO#160125 SHIPPED TO:

Name: Address: **Independent Pharmacy Cooperative** 

1550 Columbus Street

Sun Prairie, WI 53590

Date Received & Ref: 07/29/20

SOLD TO:

Address:

Name: StainRx

807 Stanley Ave

Brooklyn, NY 11207

SHIPPED TO:

Name: Address:

StainRx 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref: PO#1SN3523 08/18/20 08/18/20 Date Received & Ref:

PO#01A2861

SOLD TO:

Name: Address:

**BNR Wholesaler** 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref:

Date Purchased & Ref:

Name: Address:

SHIPPED TO:

**BNR Wholesaler** 3858 Nostrand Ave

Brooklyn, NY 11235

Date Received & Ref: 08/30/20

SOLD TO:

Name: Address: **BOULEVARD 9229 LLC** 

08/30/20

9229 QUEENS BLVD STE 11 REGO PARK, NY 11374

Date Purchased & Ref:

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

**REGO PARK, NY 11374** 

Date Received & Ref: 09/09/20 PO#01209667

SOLD TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

822 CHESAPEAKE DR CAMBRIDGE MD 21613

PO#9273

SAFE CHAIN SOLUTIONS, LLC Name:

Address:

SHIPPED TO:

**822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Received & Ref:

09/10/20

09/09/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

09/10/20

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly after the transaction history.

Page: 1

of 2

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA 30CT, 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED

30 TABLET, FILM COATED in 1 BOTTLE Refere

NDC: 59676-0800-30

Reference Number: Document Type:

INVOICE

01132699

 Lot Number
 Quantity
 Unique Serial #

 20EG062
 3

 20GG131
 2

 20AG853X
 1

Reference Date: 09/10/2020

#### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 09/10/20 01\$29942004	Date Received & Ref : 09/10/20 01\$29942004
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
7.007000.	1 100
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
, 10010001	
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA 30CT, 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED

30 TABLET, FILM COATED in 1 BOTTLE

NDC: 59676-0800-30

Lot Number Quantity Unique Serial # 19MG726 9

Reference Number:

01132699 INVOICE

Document Type: Reference Date:

09/10/2020

#### (TH) Transaction History

Manufacturer's Name: Janssen Pharmaceuticals, Inc.

Manufacturer's information: 1000 U.S. Route 202 South, Raritan, NJ 08869

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

SHIPPED TO:

**Independent Pharmacy Cooperative** Name:

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Received & Ref: Date Purchased & Ref: 07/30/20 07/30/20 PO#160129

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

SHIPPED TO:

Name: StainRx

807 Stanley Ave Address: Brooklyn, NY 11207

Date Purchased & Ref: 08/21/20 PO#1SN3529 Date Received & Ref: 08/21/20

SOLD TO:

Name: **BNR Wholesaler** 

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref: 08/28/20 SHIPPED TO:

**BNR Wholesaler** Name:

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Received & Ref : 08/28/20 PO#01A2849

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Purchased & Ref:

PO#01209667

SHIPPED TO:

Name: **BOULEVARD 9229 LLC** 

9229 QUEENS BLVD STE 11 Address:

**REGO PARK, NY 11374** 

Date Received & Ref: 09/09/20

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 09/10/20 PO#9273 SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Received & Ref: 09/10/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

09/09/20

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

of 2 Page: 1 pages.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA 30CT , 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED

30 TABLET, FILM COATED in 1 BOTTLE Reference Number: 01/32699

NDC: 59676-0800-30

Document Type:

INVOICE

Lot Number Quantity Unique Serial # 19MG726 9

Reference Date:

09/10/2020

#### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 09/10/20 01\$29942004	Date Received & Ref : 09/10/20 01\$29942004
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
	D. D. J. (O.D.)
Note Durchosed & Ref ·	I Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

01132699 Reference Number:

NDC: 61958-2501-01

Document Type: Reference Date: INVOICE

09/10/2020

Lot Number Quantity Unique Serial # **CDGWYA** 1 **CCZCFA** 3 1 1 022534

(TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 Wheeler Avenue, La Verne, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

Address:

1550 Columbus Street

Sun Prairie, WI 53590

Date Purchased & Ref: 07/31/20 PO#160135 SHIPPED TO:

Name:

**Independent Pharmacy Cooperative** 1550 Columbus Street

Address:

Sun Prairie, WI 53590

Date Received & Ref:

07/31/20

SOLD TO:

Name: StainRx

Address:

807 Stanley Ave

Brooklyn, NY 11207

08/18/20

PO#1SN3523

SHIPPED TO:

Name:

Address:

StainRx 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref:

Date Received & Ref:

08/18/20

SOLD TO:

Address:

Name:

**BNR Wholesaler** 3858 Nostrand Ave

Brooklyn, NY 11235

08/25/20

SHIPPED TO:

Name: Address: **BNR Wholesaler** 

3858 Nostrand Ave Brooklyn, NY 11235

Date Purchased & Ref: PO#01A2828 Date Received & Ref:

08/25/20

SOLD TO:

Name: Address:

**BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

PO#01209667

Name:

Address:

SHIPPED TO:

**BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Received & Ref:

09/09/20

SOLD TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

09/09/20

Address:

822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref:

Date Purchased & Ref:

PO#9273 09/10/20

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

**822 CHESAPEAKE DR CAMBRIDGE MD 21613** 

Date Received & Ref:

09/10/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 2

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32699

NDC: 61958-2501-01

1

Document Type:

INVOICE

 Lot Number
 Quantity
 Unique Serial #

 CDGWYA
 1

 CCZCFA
 3

Reference Date:

09/10/2020

#### (TH) Transaction History

022534

SOLD TO:	SHIPPED TO:			
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W			
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103			
LOS ANGELES CA 90036	LOS ANGELES CA 90036			
Date Purchased & Ref : 09/10/20 01\$29942004	Date Received & Ref : 09/10/20 01\$29942004			
SOLD TO:	SHIPPED TO:			
Name:	Name:			
Address:	Address:			
Date Purchased & Ref :	Date Received & Ref :			
SOLD TO:	SHIPPED TO:			
Name:	Name:			
Address:	Address:			
Date Purchased & Ref :	Date Received & Ref :			
SOLD TO:	SHIPPED TO:			
Name:	Name:			
Address:	Address:			
Date Purchased & Ref :	Date Received & Ref :			
SOLD TO:	SHIPPED TO:			
Name:	Name:			
Address:	Address:			
Date Purchased & Ref :	Date Received & Ref :			

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

01132699 Reference Number:

Document Type: INVOICE Reference Date: 09/10/2020

NDC: 61958-2501-01 Lot Number Quantity Unique Serial # 3 √ CCZBZA 7 **CDFXXA** 4 **CCZBWA** 

(TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 Wheeler Avenue, La Verne, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

SHIPPED TO:

**Independent Pharmacy Cooperative** Name:

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Received & Ref: 07/28/20 Date Purchased & Ref: 07/28/20 PO#160120

PO#1SN3519

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref: 08/14/20 SHIPPED TO:

Name: StainRx

807 Stanley Ave Address: Brooklyn, NY 11207

08/14/20 Date Received & Ref:

SOLD TO:

Name: **BNR Wholesaler** 

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

SHIPPED TO:

**BNR Wholesaler** Name:

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref: 08/26/20 Date Received & Ref: 08/26/20 PO#01A2835

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

SHIPPED TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Received & Ref: Date Purchased & Ref: 09/09/20 09/09/20 PO#01209667

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Purchased & Ref:

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Received & Ref: 09/10/20

09/10/20 PO#9273

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 2 pages.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

4

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32699

NDC: 61958-2501-01

**CCZBZA** 

CDFXXA CCZBWA Document Type:

INVOICE

Lot Number Quanti

Quantity Unique Serial #
3
7

Reference Date:

09/10/2020

(TH) Transaction History (Cont.)

SOLD TO: Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036	SHIPPED TO:  Name: OLYMPIA PLAZA PHARMACY INC 5901 W  Address: OLYMPIC BLVD STE 103  LOS ANGELES CA 90036
Date Purchased & Ref : 09/10/20 01529942004	Date Received & Ref : 09/10/20 01\$29942004
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

01132699 Reference Number:

Document Type: INVOICE 09/10/2020 Reference Date:

Lot Number Quantity Unique Serial # **CDFYDA** 3 **CCZCBA** 1 2 **CDFXYA** 

(TH) Transaction History

NDC: 61958-2501-01

Manufacturer's Name: Gilead Sciences. Inc.

Manufacturer's information: 1800 Wheeler Avenue, La Verne, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Purchased & Ref: 07/21/20 SHIPPED TO:

**Independent Pharmacy Cooperative** Name:

1550 Columbus Street Address: Sun Prairie, WI 53590

Date Received & Ref: 07/21/20 PO#160086

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref:

SHIPPED TO:

Name: StainRx

807 Stanley Ave Address:

Brooklyn, NY 11207

08/12/20 PO#1SN3515 Date Received & Ref: 08/12/20

SOLD TO:

Name: **BNR Wholesaler** 

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

SHIPPED TO:

Name: **RNR Wholesaler** 

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref: 08/21/20 Date Received & Ref : 08/21/20 PO#01A2802

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

SHIPPED TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Purchased & Ref: Date Received & Ref: 09/09/20 09/09/20 PO#01209667

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 09/10/20 PO#9273 SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Received & Ref: 09/10/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 2 pages.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01I32699

NDC: 61958-2501-01

Document Type:

INVOICE

Reference Date:

09/10/2020

 Lot Number
 Quantity
 Unique Serial #

 CDFYDA
 3

 CCZCBA
 1

 CDFXYA
 2

#### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:			
Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref: 09/10/20 01529942004	Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref: 09/10/20 01529942004			
SOLD TO:	SHIPPED TO:			
Name:	Name:			
Address:	Address:			
Date Purchased & Ref :	Date Received & Ref :			
SOLD TO:	SHIPPED TO:			
Name:	Name:			
Address:	Address:			
Date Purchased & Ref :	Date Received & Ref :			
SOLD TO:	SHIPPED TO:			
Name:	Name:			
Address:	Address:			
Date Purchased & Ref :	Date Received & Ref :			
SOLD TO:	SHIPPED TO:			
Name:	Name:			
Address:	Address:			
Date Purchased & Ref :	Date Received & Ref :			

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

01132699 Reference Number:

NDC: 61958-2501-01

Document Type: INVOICE Reference Date: 09/10/2020

Lot Number Quantity Unique Serial # 1 CCZCDA **CDFYFA** 10

#### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 Wheeler Avenue, La Verne, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

SHIPPED TO:

**Independent Pharmacy Cooperative** Name:

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Received & Ref: 07/29/20 Date Purchased & Ref: 07/29/20 PO#160125

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

SHIPPED TO:

Name: StainRx

807 Stanley Ave Address:

Brooklyn, NY 11207

Date Purchased & Ref: PO#1SN3521 08/17/20 08/17/20 Date Received & Ref:

SOLD TO:

Name: BNR Wholesaler

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

SHIPPED TO:

Name: **BNR Wholesaler** 

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref: Date Received & Ref: 08/26/20 08/26/20 PO#01A2835

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Received & Ref: Date Purchased & Ref: 09/09/20 PO#01209667 09/09/20

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 09/10/20 PO#9273 SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Received & Ref: 09/10/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

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(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 2 nages.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32699

NDC: 61958-2501-01

Document Type:

INVOICE

Lot Number Quantity Unique Serial #
CCZCDA 1
CDFYFA 1

Reference Date:

09/10/2020

#### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 09/10/20 01\$29942004	Date Received & Ref : 09/10/20 01\$29942004
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
AAI N TA	OLIDAÇA 7A
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
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- (G) did not knowingly alter the transaction history.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE. PLASTIC

01132699 Reference Number:

NDC: 61958-2501-01

Document Type: INVOICE 09/10/2020 Reference Date:

Quantity Lot Number Unique Serial # 6341502A 1 **CCZCCA** 1 6341501A 1

#### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 1800 Wheeler Avenue, La Verne, CA 91750

SOLD TO:

Name: Independent Pharmacy Cooperative

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Purchased & Ref: 07/29/20 SHIPPED TO:

Name: Address:

Independent Pharmacy Cooperative 1550 Columbus Street

Sun Prairie, WI 53590

Date Received & Ref: 07/29/20 PO#160125

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

SHIPPED TO:

Name:

StainRx 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref: 08/20/20 PO#1SN3527 Date Received & Ref: 08/20/20

SOLD TO:

Name: **BNR Wholesaler** 

Address: 3858 Nostrand Ave

Date Purchased & Ref:

Date Purchased & Ref:

Brooklyn, NY 11235

08/24/20 PO#01A2820 SHIPPED TO:

Name:

Address:

**BNR Wholesaler** 

Address:

3858 Nostrand Ave Brooklyn, NY 11235

Date Received & Ref: 08/24/20

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

PO#01209667

SHIPPED TO:

Name: Address: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Received & Ref: 09/09/20

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

CAMBRIDGE MD 21613

Date Purchased & Ref: PO#9273 09/10/20

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS, LLC

Address:

**822 CHESAPEAKE DR CAMBRIDGE MD 21613** 

Date Received & Ref:

09/10/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

09/09/20

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

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(G) did not knowingly alter the transaction history.

Page: 1 of 2 pages.

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32699

NDC: 61958-2501-01

Document Type:

INVOICE

 Lot Number
 Quantity
 Unique Serial #

 6341502A
 1

 CCZCCA
 1

 6341501A
 1

Reference Date: 09/10/2020

#### (TH) Transaction History (Cont.)

Market 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
SOLD TO:	SHIPPED TO:		
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W		
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103		
LOS ANGELES CA 90036	LOS ANGELES CA 90036		
Date Purchased & Ref : 09/10/20 01529942004	Date Received & Ref : 09/10/20 01\$29942004		
SOLD TO:	SHIPPED TO:		
Name:	Name:		
Address:	Address:		
Date Purchased & Ref :	Date Received & Ref :		
SOLD TO:	SHIPPED TO:		
Name:	Name:		
Address:	Address:		
Date Purchased & Ref :	Date Received & Ref :		
SOLD TO:	SHIPPED TO:		
Name:	Name:		
Address:	Address:		
Date Purchased & Ref :	Date Received & Ref :		
CALD TA.	ellippen TA.		
SOLD TO: Name:	SHIPPED TO:		
	Name: Address:		
Address:	Address.		
Date Purchased & Ref :	Date Received & Ref :		

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Case 1:24-cr-20255-WPD Document 231-24 Entered on FLSD Docket 11/07/2025 Page 44 of 44

SAFE CHAIN RETURN FORM 9-30-2020

NDC#	Product & Description	QUANTITY RECEIVED	QUANTITY RETURNE D	WAC	DISCOUNT (%)	PRICE	EXT. AMOUNT
15584-0101-01	ATRIPLA 200-300-600MG	3	3	\$2,994.71	5.00%	\$2,844.97	\$8,534.92
61958-2501-01	BIKTARVY TAB50/200/25MG	30	30	\$3,238.31	5.00%	\$3,076.39	\$92,291.84
61958-1101-01	COMPLERA TAB 30 - HIV			\$2,947.11	5.00%	\$2,799.75	\$0.00
61958-2002-01	Descovy 200-25 MG Tablet	50	42	\$1,842.28	5.00%	\$1,750.17	\$73,506.97
49702-0246-13	Dovato 50/300mg			\$2,408.37	5.00%	\$2,287.95	\$0.00
61958-1901-01	Genvoya Tablet	5	5	\$3,238.31	5.00%	\$3,076.39	\$15,381.97
59676-0571-01	Intelence 200mg Tablet			\$1,383.82	5.00%	\$1,314.63	\$0.00
00006-0227-61	ISENTRESS 400 MG TAB 60			\$1,653.12	5.00%	\$1,570.46	\$0.00
00006-3080-01	ISENTRESS 600MG TABLET			\$1,653.12	5.00%	\$1,570.46	\$0.00
49702-0242-13	Juluca 50-25 MG Tablet			\$2,841.72	5.00%	\$2,699.63	\$0.00
61958-2101-01	Odefsey Tablet	4	4	\$2,947.11	5.00%	\$2,799.75	\$11,199.02
59676-0575-30	Prezcobix 800MG 150MG Tablet			\$2,018.20	5.00%	\$1,917.29	\$0.00
59676-0562-01	PREZISTA 600 MG TAB 60 - HIV			\$1,765.73	5.00%	\$1,677.44	\$0.00
59676-0566-30	PREZISTA 800 MG TABLET			\$1,765.73	5.00%	\$1,677.44	\$0.00
49702-0223-18	SELZENTRY TAB 150MG 60			\$1,556.20	5.00%	\$1,478.39	\$0.00
61958-1201-01	STRIBILD 150-150-200-300MG	1	1	\$3,396.99	5.00%	\$3,227.14	\$3,227.14
59676-0800-30	Symtuza 800-150-200-10MG	15	15	\$3,889.76	5.00%	\$3,695.27	\$55,429.08
49702-0228-13	Tivicay			\$1,826.47	5.00%	\$1,735.15	\$0.00
49702-0231-13	Triumeq	10	10	\$3,032.09	5.00%	\$2,880.49	\$28,804.86
61958-0701-01	Truvada			\$1,842.28	5.00%	\$1,750.17	\$0.00

RETURNED TOTAL

\$288,375.80